Online Enrollment Guide

Flexible Spending Accounts (FSA)

Open Enrollment for the **2018 Plan Year** begins **November 1, 2017 and ends 11:59 pm** (**Eastern Time**) **Friday, November 17, 2017**. You **MUST** enroll online during open enrollment each year for the upcoming Plan Year. If you fail to enroll within the time period described above, then you may not elect to participate in the Plan until the next Open Enrollment Period or until a qualifying event occurs that would justify a mid-year election change.

- Go to <u>enroll.asiflex.com</u> to access the ASIFlex Online Enrollment Site.
- Enter the Employer- Provided Code Word:
 DE and click "Continue".

IMPORTANT: Online Enrollment is REQUIRED each year if you wish to continue your FSA participation. FSA elections DO NOT rollover to the next plan year automatically.

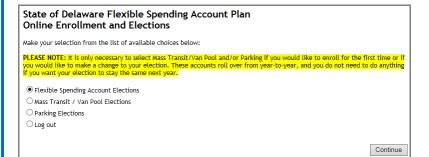


State of Delaware Flexible Spending Account Plan Online Enrollment and Elections	
Delaware employees use a special ID number which includes the Employee ID plus the last four digits of the Social Number.	Security
Please enter your Employee Identification Number:	
	Continue

 Enter your Employee Identification Number (Employee Identification Number is the six digit Employee ID PLUS the last four digits of the Social Security Number). Click "Continue".

State of Delaware Flexible Spending Acco Online Enrollment and Elections	ount Plan
Please Enter the first 3 letters of your last name: Please enter the initial of your first name:	If your last name is less than 3 letters, enter your last name.
rease effect the initial of your first fame.	Continue

- Enter the first three letters of last name and then the initial of first name. Click "Continue".
- Employee may be prompted to enter full first name, last name or re-enter Employee
 Identification Number (employee ID plus the last four digits of your social security number) for verification purposes.



• Select "Flexible Spending Account Elections"

What if the system does not recognize my information?

If the system does not recognize your information, it may be due to:

- Employee did not enter the Employee Identification Number correctly. It is the 6 digit employee ID, plus the last four digits of their social security number (no dashes or spaces).
- Employee did not enter name correctly. The name provided to ASIFlex is what is entered into PHRST by the employee's Human Resources/Benefits Office. This will include initials, hyphenations, pre-fixes, suffixes, etc.
- Employee was not in a benefit-eligible position or was on a Leave of Absence as of the October 13, 2017 pay. Employees should contact their Human Resources/Benefits Office to confirm benefit eligibility.

Note: If you wish to make a change to your 2018 FSA Open Enrollment elections, you may login and enroll again anytime during Open Enrollment using this procedure. The last on-line enrollment with a confirmation number submitted between

November 1st and November 17th will be applied to your 2018 FSA participation.

Health Care Flexible Spending Account (HCFSA)

- If you wish to participate in this account, check the box next to "Health Care Account".
- Select either Pay Period or Annual to enter your deductions.
- You may then enter either the Pay Period Amount or Annual Amount and hit "Calculate".
- (Please Note: Annual Maximum is \$2,650.00; Annual Minimum is \$50.00)
- Once you are satisfied with your election, click "Continue" to go to the next page.

IMPORTANT: Qualifying health care expenses include medical, dental, vision, and prescriptions for you & your tax dependents. Federal regulations do not allow any insurance premiums or long-term care expenses to be included under the FSA.



➤ If you do not wish to participate in the HCFSA, select "Decline" and click "Continue".

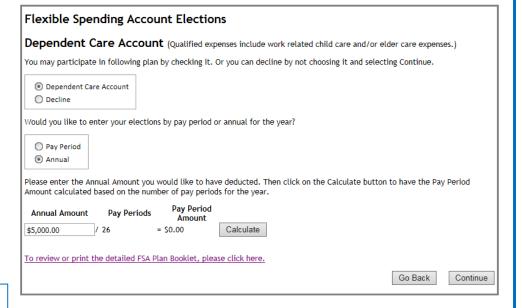
Health Care Account (Qualified expenses include medical, dental, vision, prescriptions for you and qualified dependents.) You may choose to participate in a health FSA plan or you may decline to enroll in this portion of the program:		
You may choose to participate in a health FSA plan or you may decline to enroll in this portion of the program:	:	
		ou may choose to participate
Health Care Account		Health Care Account
Decline		Decline

<u>Dependent Care Flexible Spending</u> <u>Account (DCFSA)</u>

- If you wish to participate in this account, check the box next to "Dependent Care Account".
- Select either Pay Period or Annual to enter your deductions.
- You may then enter either the Pay Period Amount or Annual Amount and hit "Calculate".
- (Please Note: Annual (household) Maximum is \$5,000.00; Annual Minimum is \$50.00)
- Once you are satisfied with your election, click "Continue" to go to the next page.

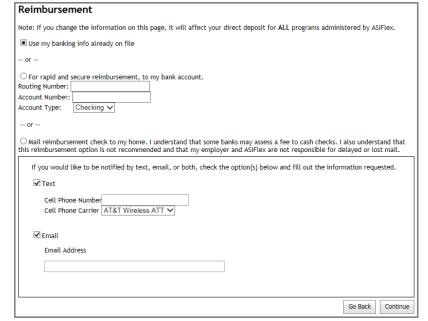
IMPORTANT: Qualified expenses for Dependent Care are those incurred primarily for the protection and well-being of a Qualifying Individual while you work.

It **DOES NOT** include medical, dental, vision or prescription expenses for your dependents.



If you do not wish to participate in the **DCFSA**, select "*Decline*" and click "*Continue*".

Flexible Spending Account Elections Dependent Care Account (Qualified expenses include work related child care and/or elder care expenses.) You may participate in following plan by checking it. Or you can decline by not choosing it and selecting Continue. Dependent Care Account Dependent Care Account Decline To review or print the detailed FSA Plan Booklet, please click here. Go Back Continue



Reimbursement

- Select method of reimbursement:
 - Deposit to a bank account already on file (current FSA participants)
 - Deposit to a new bank account
 - Mail to your home address.
- Complete the bank Routing Number, Account Number and Type of Account.
- Select your preferred notification method: Text or email (you may select both).
- Provide the appropriate contact details (your mobile phone number and wireless carrier information and/or email address.
- Click "Continue" to go to the next page.

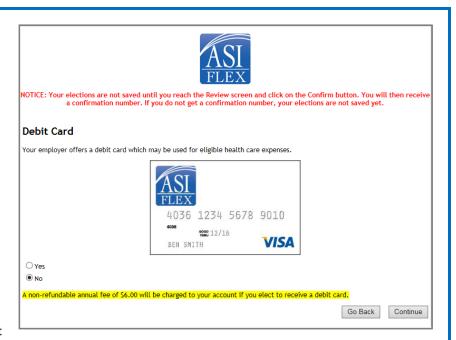
Debit Card

- Choose Yes or No to indicate if you wish to receive a debit card. If you are a current debit card holder, you must choose yes if you would like your card to be funded for the new plan year.
- Click "Continue" to go to the next page. (If you selected No, you will be directed to the "Final Review" screen.)

Debit Card Application for Health Care FSA

- Complete the application.
- Click "Continue" to go to the next page.

IMPORTANT: The ASIFlex Debit Card provides a convenient method to pay for out-of-pocket health care expenses. The debit card is a great benefit, but it is important to understand use of the card is not paperless and **DOES NOT** eliminate paperwork.



Review Before Sending

- Review and confirm your elections on the screen.
- Click "Go Back" to change your enrollment elections. Do not use the web browser navigation to return to a page, otherwise **ALL** information will be **LOST**. The enrollment will **NOT** be completed.
- Once you are satisfied with your elections, click "Confirm" to complete your enrollment.

Your Elections Have Been Recorded

The final screen will display your confirmation number and elections.

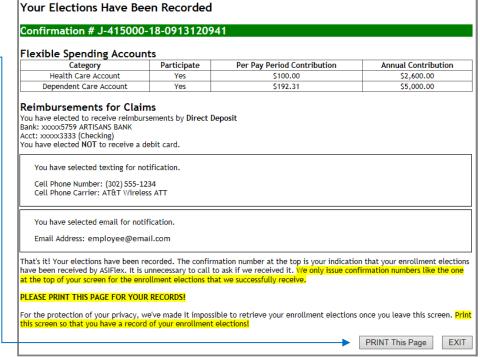
 The final screen will display your confirmation number and elections.

Print or save this page for your records.

IMPORTANT: It is highly recommended to print or save this screen for your records. A copy of the confirmation will be **REQUIRED** for any enrollment corrections.

 Click "EXIT" to leave Open Enrollment portal. This will return you to the ASIFlex homepage.

Returning FSA Participants: You may log into your ASIFlex Account, however, your 2018 FSA Open Enrollment elections will not appear on your account until January 1, 2018. New FSA Participants: ASIFlex will mail a confirmation statement to your home.



Call ASIFlex at (800) 659-3035 if you need assistance with enrollment or have plan questions.